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CONFIRMATION NO. 9986

<b>SERIAL NUMBER</b> 10/728,560	<b>FILING OR 371(c) DATE</b> 12/05/2003 <b>RULE</b>	<b>CLASS</b> 700	<b>GROUP ART UNIT</b> 2125	<b>ATTORNEY DOCKET NO.</b> BBM-103US
<b>APPLICANTS</b> Aleandro DiGianfilippo, Scottsdale, AZ; Richard S. Pierce, Glendale, AZ;				
<b>** CONTINUING DATA *****</b> <i>[Signature]</i> This application is a CIP of 10/335,552 12/31/2002 which claims benefit of 60/344,869 12/31/2001				
<b>** FOREIGN APPLICATIONS *****</b> <i>[Signature] none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b>				
<b>** 01/21/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> AZ	<b>SHEETS DRAWING</b> 100	<b>TOTAL CLAIMS</b> 21
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23122				
<b>TITLE</b> Pharmaceutical compounding systems and methods and information management system for same				
<b>FILING FEE RECEIVED</b> 788	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	